PTO/SB/01 (10-01)
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DECLARATION FOR UTULTY OR	Attorney Docket Nun	nber RJ371	
DECLARATION FOR UTILITY OR DESIGN	First Named Inventor	RAYMOND A. JOAO	
PATENT APPLICATION	COMPLETE IF KNOWN		
(37 CFR 1.63)	Application Number	/	
Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Filing Date	NOVEMBER 14, 2001	
	Art Unit		
	Examiner Name		

As the below named in	nventor, I he	reby declare that:				
My residence, mailing address, and citizenship are as stated below next to my name.						
I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
APPARATUS AND METHOD FOR PROCESSING AND/OR FOR PROVIDING HEALTHCARE INFORMATION AND/OR HEALTHCARE-RELATED INFORMATION						
		(Title of the	Invention			
the specification of which	:h	(True or the f	nvonuon)			
XX is attached heret						
OR	_					
was filed on (MM/DD/YYYY) as United States Application Number or PCT International						
	_					
Application Number		and was amend	ed on (MM/DD/YYYY)		(if applicable).	
hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by amendment specifically referred to above.						
acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT nternational filing date of the continuation-in-part application.						
hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant preeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant preeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Appl Number(s)	ication	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO	
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:						
[Page 1 of 2]						

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR X Correspondence address below					
Name RAYMOND A. JOAO, ES	3Q.				
Address 122 BELLEVUE PLACE	<u> </u>				
City YONKERS		State NEW YORK	zip 10703		
Country U.S.A.	Telephone 914-9	969-2992	Fax 914-969-2992		
made are punishable by fine or imprisonment or bot	I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:	A petition has	s been filed for this unsigr	ned inventor		
Given Name RAYMOND ANTH(į •	Family Name JOAO or Surname			
Inventor's Signature Faymon and anthu	my Doc		Date /////6/		
YONKERS Residence: City	NEW YOR	RK U.S.A.	U.S.A.		
Mailing Address 122 BELLEVUE I	PLACE				
City YONKERS	NEW YOR		Country U.S.A.		
NAME OF SECOND INVENTOR:	A petition has	been filed for this unsigne	ed inventor		
Given Name (first and middle [if any]) Family Name or Surname					
Inventor's Signature			Date		
Residence: City	State	Country	Citizenship		
Mailing Address					
City	State	ZIP	Country		
Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

PTO/SB/09 (12-97)
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STATEMENT CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) & 1.27(b))INDEPENDENT INVENTOR		Docket Number (Optional) RJ371					
Applicant, Patentee, or Identifier: RAYMOND ANTHONY JOAO							
Application or Patent No.:							
Filed or Issued: NOVEMBER 14, 2001							
Title: APPARATUS AND METHOD FOR PROCESSING AND/OR FOR PROVIDING HEALTHCARE INFORMATION AND/OR HEALTHCARE-RELATED INFORMATION As a below named inventor, I hereby state that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees to the Patent and Trademark Office described in:							
The specification filed herewith with title as listed above.							
the application identified above.							
the patent identified above.							
I have not assigned, granted, conveyed, or licensed, and am under no obligation under contract or law to assign, grant, convey, or license, any rights in the invention to any person who would not qualify as an independent inventor under 37 CFR 1.9(c) if that person had made the invention, or to any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).							
Each person, concern, or organization to which I have assigned, granted, conveyed, or licensed or am under an obligation under contract or law to assign, grant, convey, or license any rights in the invention is listed below:							
X No such person, concern, or organiza	tion exists.						
Each such person, concern, or organization is listed below.							
Separate statements are required from each named person, concern, or organization having rights to the invention stating their status as small entities. (37 CFR 1.27) I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b))							
RAYMOND ANTHONY JOAO NAME OF INVENTOR RAYMOND ANTHONY JOAO NAME OF I		NAME OF INVENTOR					
Date Date		Pate					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.